

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-S17485

APPLICANT(S)

FILING DATE
12804

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
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TOTAL IND.	15		15		15	
TOTAL DEP.	15		15		15	
TOTAL CLAIMS	10	10	10	10	10	10

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			15		15	
TOTAL DEP.			15		15	
TOTAL CLAIMS			10		10	